

FILED NOV 22 1944 318

Primary Registration District No. 1003

Registrar's No. 9639

1. PLACE OF DEATH:

(a) County St Louis Mo.
(b) City or town St Louis
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
JEWISH Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution Week
In this community Life
years, months or days (Specify whether)

3. (a) PRINT FULL NAME GEORGE LE VA
3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Widower
6. (b) Name of husband or wife Agnes Le Va 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased Sept 27 1884
(Month) (Day) (Year)

8. AGE: Years 60 Months 1 Days 15 If less than one day hr. _____ min.

9. Birthplace St Louis Mo.
(City, town, or county) (State or foreign country)

10. Usual occupation Bank Messenger

11. Industry or business Famous Barr Dry Goods Co.

MOTHER FATHER { 12. Name George LE VA
13. Birthplace Unknown
(City, town, or county) (State or foreign country)
14. Maiden name Unknown
15. Birthplace Unknown
(City, town, or county) (State or foreign country)

16. (a) Informant George Le Va
(b) Address 2828 Salena St.

17. (a) Burial (b) Date thereof Nov 15/44
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation New S. S. Peter & Paul

18. (a) Signature of funeral director Shankwitz & Son
(b) Address 2906 Gravois Ave.

19. (a) NOV 14 1944 (b) J. F. Biedeck
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Madison
(c) City or town St Louis (If outside city or town limits, write "RURAL")
(d) Street No. 2828 Salena St (If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Nov day 12
year 1944 hour 2 00 A.M. or P.M.

21. I hereby certify that I attended the deceased from November 4 - 1944 to November 12, 1944
that I last saw him alive on Nov. 11th - 1944
and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Edema
Due to Cardiovascular Renal disease
Due to _____

Other conditions (Include pregnancy within 3 months of death) _____

Major findings: Of operations _____

Of autopsy: Abuse

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____
(City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

While at work? _____ (Specify type of place) (e) Means of injury _____

23. Signature J. F. Biedeck (M. D. or other)
Address St. Louis Date signed 11/13/44

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

1/25/88
11:50
1/25/88

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed David Van Fossan
Licensed Embalmer No. 4242
P. O. Address 2406 Grassie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.